



HEALTH ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2009
OF THE CONDITION AND AFFAIRS OF THE

Priority Health

NAIC Group Code	3383	3383	NAIC Company Code	95561	Employer's ID Number	38-2715520
	(Current Period)	(Prior Period)				
Organized under the Laws of	Michigan			State of Domicile or Port of Entry	Michigan	
Country of Domicile	United States					
Licensed as business type:	Life, Accident & Health [] Property/Casualty [] Dental Service Corporation [] Vision Service Corporation [] Other [] Health Maintenance Organization [X] Hospital, Medical & Dental Service or Indemnity [] Is HMO, Federally Qualified? Yes [] No [X]					
Incorporated/Organized	03/07/1986			Commenced Business	10/15/1986	
Statutory Home Office	1231 East Beltline NE			Grand Rapids, MI 49525-4501		
	(Street and Number)			(City or Town, State and Zip Code)		
Main Administrative Office	1231 East Beltline NE					
	Grand Rapids, MI 49525-4501			616-942-0954		
	(City or Town, State and Zip Code)			(Area Code) (Telephone Number)		
Mail Address	1231 East Beltline NE			Grand Rapids, MI 49525-4501		
	(Street and Number or P.O. Box)			(City or Town, State and Zip Code)		
Primary Location of Books and Records	1231 East Beltline NE					
	Grand Rapids, MI 49525-4501			616-464-8926		
	(City or Town, State and Zip Code)			(Area Code) (Telephone Number)		
Internet Website Address	www.priority-health.com					
Statutory Statement Contact	Kristy Lynn Shoemaker			616-464-8926		
	(Name)			(Area Code) (Telephone Number) (Extension)		
	kristy.shoemaker@priority-health.com			616-942-7916		
	(E-mail Address)			(FAX Number)		

OFFICERS

Name	Title	Name	Title
Kimberly K Horn	President / Chief Executive Officer	Gregory A Hawkins	Treasurer / Chief Financial Officer
Judith W Hooyenga	Secretary		

OTHER OFFICERS

DIRECTORS OR TRUSTEES

Dennis Aloia	Craig H Bethune	Richard C Breon	Gaylen J Byker
Karl D Deck	Georgia R Fojtasek	Michael P Freed	Lynn Kotecki
Michael I Love	Peter B Lundeen	Christina MacInnes	Edward M Millermaier
Kathleen S Ponitz	Robert W Roth	Thomas G Schwaderer	Timothy V Smith
Hilary F Snell	Dale M Sowders	James J Stephanak	Jody D Vanderwel
Douglas A Zwemer			

State ofMichigan.....

ss

County ofKent.....

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Kimberly K. Horn President / Chief Executive Officer	Gregory A. Hawkins Treasurer / Chief Financial Officer	Judith W. Hooyenga Secretary
Subscribed and sworn to before me this		a. Is this an original filing? Yes [X] No []
_____ day of February, 2010		b. If no,
		1. State the amendment number _____
		2. Date filed _____
		3. Number of pages attached _____
Catherine H. Sochanek Executive Administrative Assistant 05/12/2016		

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Priority Health

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

EXHIBIT 3 - HEALTH CARE RECEIVABLES

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EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

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EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

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EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

EXHIBIT 7 PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

NONE

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment	2,287,276		(2,004,849)	282,427	282,427	0
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment	29,320,166		(15,370,314)	13,949,852	13,949,852	0
6. Total	31,607,442	0	(17,375,163)	14,232,279	14,232,279	0



ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Priority Health

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Priority Health 2. _____ (LOCATION) _____

NAIC Group Code	3383	BUSINESS IN THE STATE OF Michigan		DURING THE YEAR 2009				NAIC Company Code		95561
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	359,715	1,513	348,434					9,768		
2. First Quarter	361,491	1,484	344,775					15,232		
3. Second Quarter	364,376	1,577	346,562					16,237		
4. Third Quarter	370,904	1,577	352,334					16,993		
5. Current Year	380,816	1,577	361,332					17,907		
6. Current Year Member Months	4,408,636	18,514	4,194,530					195,592		
Total Member Ambulatory Encounters for Year:										
7. Physician	3,604,871	14,375	3,256,752					333,744		
8. Non-Physician	382,461	1,525	345,527					35,409		
9. Total	3,987,332	15,900	3,602,279	0	0	0	0	369,153	0	0
10. Hospital Patient Days Incurred	109,059	361	81,831					26,867		
11. Number of Inpatient Admissions	24,460	91	20,527					3,842		
12. Health Premiums Written (b).....	1,324,753,251	5,173,967	1,172,200,718					147,378,566		
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	1,323,382,746	5,168,013	1,170,856,984					147,357,749		
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	1,214,314,384	6,256,644	1,092,649,705					115,408,035		
18. Amount Incurred for Provision of Health Care Services	1,203,852,701	6,200,906	1,075,965,616					121,686,179		

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ 147,373,396



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REPORT FOR: 1. CORPORATION Priority Health 2. _____ (LOCATION) _____

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	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	359,715	1,513	348,434	.0	0	.0	0	9,768	0	.0
2. First Quarter	361,491	1,484	344,775	.0	0	.0	0	15,232	0	.0
3. Second Quarter	364,376	1,577	346,562	.0	0	.0	0	16,237	0	.0
4. Third Quarter	370,904	1,577	352,334	.0	0	.0	0	16,993	0	.0
5. Current Year	380,816	1,577	361,332	0	0	0	0	17,907	0	0
6. Current Year Member Months	4,408,636	18,514	4,194,530	0	0	0	0	195,592	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	3,604,871	14,375	3,256,752	.0	0	.0	0	333,744	0	.0
8. Non-Physician	382,461	1,525	345,527	0	0	0	0	35,409	0	0
9. Total	3,987,332	15,900	3,602,279	0	0	0	0	369,153	0	0
10. Hospital Patient Days Incurred	109,059	361	81,831	0	0	0	0	26,867	0	0
11. Number of Inpatient Admissions	24,460	91	20,527	0	0	0	0	3,842	0	0
12. Health Premiums Written (b).....	1,324,753,251	5,173,967	1,172,200,718	.0	0	.0	0	147,378,566	0	.0
13. Life Premiums Direct	0	0	0	.0	0	.0	0	0	0	.0
14. Property/Casualty Premiums Written.....	0	0	0	.0	0	.0	0	0	0	.0
15. Health Premiums Earned.....	1,323,382,746	5,168,013	1,170,856,984	.0	0	.0	0	147,357,749	0	.0
16. Property/Casualty Premiums Earned.....	0	0	0	.0	0	.0	0	0	0	.0
17. Amount Paid for Provision of Health Care Services	1,214,314,384	6,256,644	1,092,649,705	.0	0	.0	0	115,408,035	0	.0
18. Amount Incurred for Provision of Health Care Services	1,203,852,701	6,200,906	1,075,965,616	0	0	0	0	121,686,179	0	0

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ 147,373,396

Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Priority Health

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

[illegible]

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Reinsurance Ceded to Unauthorized Companies

[illegible]

Schedule S-Part 5
Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2009	2 2008	3 2007	4 2006	5 2005
A. OPERATIONS ITEMS					
1. Premiums.....	1,350	1,064	888	1,837	691
2. Title XVIII-Medicare.....	21	9	7	0	0
3. Title XIX-Medicaid.....	0	0	0	0	0
4. Commissions and reinsurance expense allowance.....	0	0	0	0	0
5. Total hospital and medical expenses.....	356	1,138	1,686	1,131	156
B. BALANCE SHEET ITEMS					
6. Premiums receivable	0	0	0	0	0
7. Claims payable.....	0	0	0	0	0
8. Reinsurance recoverable on paid losses.....	0	0	0	357	0
9. Experience rating refunds due or unpaid.....	0	0	0	0	0
10. Commissions and reinsurance expense allowances unpaid.....	0	0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F).....	0	0	0	0	0
13. Letters of credit (L).....	0	0	0	0	0
14. Trust agreements (T).....	0	0	0	0	0
15. Other (O)	0	0	0	0	0

SCHEDULE S-PART 6
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 10).....	393,812,473	1,370,505	395,182,978
2. Accident and health premiums due and unpaid (Line 13).....	15,257,168		15,257,168
3. Amounts recoverable from reinsurers (Line 14.1).....	0		0
4. Net credit for ceded reinsurance.....	XXX	(1,370,505)	(1,370,505)
5. All other admitted assets (Balance).....	17,405,978		17,405,978
6. Total assets (Line 26)	426,475,619	0	426,475,619
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	100,948,729	0	100,948,729
8. Accrued medical incentive pool and bonus payments (Line 2).....	20,960,205		20,960,205
9. Premiums received in advance (Line 8).....	20,006,430		20,006,430
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 17).....	0		0
11. Reinsurance in unauthorized companies (Line 18).....	0		0
12. All other liabilities (Balance).....	49,653,959		49,653,959
13. Total liabilities (Line 22).....	191,569,323	0	191,569,323
14. Total capital and surplus (Line 31).....	234,906,296	XXX	234,906,296
15. Total liabilities, capital and surplus (Line 32)	426,475,619	0	426,475,619
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid.....	0		
17. Accrued medical incentive pool.....	0		
18. Premiums received in advance	0		
19. Reinsurance recoverable on paid losses	0		
20. Other ceded reinsurance recoverables	(1,370,505)		
21. Total ceded reinsurance recoverables	(1,370,505)		
22. Premiums receivable	0		
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
24. Unauthorized reinsurance	0		
25. Other ceded reinsurance payables/offsets	0		
26. Total ceded reinsurance payables/offsets	0		
27. Total net credit for ceded reinsurance	(1,370,505)		

ANNUAL STATEMENT FOR THE YEAR 2009 OF THE Priority Health

SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.		Direct Business Only					
		1	2	3	4	5	6
		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama	AL						0
2. Alaska	AK						0
3. Arizona	AZ						0
4. Arkansas	AR						0
5. California	CA						0
6. Colorado	CO						0
7. Connecticut	CT						0
8. Delaware	DE						0
9. District of Columbia	DC						0
10. Florida	FL						0
11. Georgia	GA						0
12. Hawaii	HI						0
13. Idaho	ID						0
14. Illinois	IL						0
15. Indiana	IN						0
16. Iowa	IA						0
17. Kansas	KS						0
18. Kentucky	KY						0
19. Louisiana	LA						0
20. Maine	ME						0
21. Maryland	MD						0
22. Massachusetts	MA						0
23. Michigan	MI						0
24. Minnesota	MN						0
25. Mississippi	MS						0
26. Missouri	MO						0
27. Montana	MT						0
28. Nebraska	NE						0
29. Nevada	NV						0
30. New Hampshire	NH						0
31. New Jersey	NJ						0
32. New Mexico	NM						0
33. New York	NY						0
34. North Carolina	NC						0
35. North Dakota	ND						0
36. Ohio	OH						0
37. Oklahoma	OK						0
38. Oregon	OR						0
39. Pennsylvania	PA						0
40. Rhode Island	RI						0
41. South Carolina	SC						0
42. South Dakota	SD						0
43. Tennessee	TN						0
44. Texas	TX						0
45. Utah	UT						0
46. Vermont	VT						0
47. Virginia	VA						0
48. Washington	WA						0
49. West Virginia	WV						0
50. Wisconsin	WI						0
51. Wyoming	WY						0
52. American Samoa	AS						0
53. Guam	GU						0
54. Puerto Rico	PR						0
55. U.S. Virgin Islands	VI						0
56. Northern Mariana Islands	MP						0
57. Canada	CN						0
58. Aggregate Other Alien	OT						0
59. Totals		0	0	0	0	0	0

NONE

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PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

[illegible]

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

- | | Responses |
|---|---------------|
| 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? |YES..... |
| 2. Will an actuarial opinion be filed by March 1? |YES..... |
| 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? |YES..... |
| 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? |YES..... |

APRIL FILING

- | | |
|--|---------------|
| 5. Will Management's Discussion and Analysis be filed by April 1? |YES..... |
| 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? |YES..... |
| 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? |YES..... |

JUNE FILING

- | | |
|--|---------------|
| 8. Will an audited financial report be filed by June 1? |YES..... |
| 9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? |YES..... |

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

- | | |
|--|--------------|
| 10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? |NO..... |
| 11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? |NO..... |
| 12. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC? |NO..... |
| 13. Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? |NO..... |
| 14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? |NO..... |
| 15. Will the actuarial opinion on non-guaranteed elements as required in Interrogatories 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? |NO..... |
| 16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? |NO..... |






APRIL FILING

- | | |
|---|--------------|
| 17. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? |NO..... |
| 18. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? |NO..... |
| 19. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? |NO..... |






EXPLANATION:

10.
11.
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BAR CODE:

- | | |
|-----|--|
| 10. | 
9 5 5 6 1 2 0 0 9 3 6 0 5 9 0 0 0 |
| 11. | 
9 5 5 6 1 2 0 0 9 2 0 5 0 0 0 0 0 |
| 12. | 
9 5 5 6 1 2 0 0 9 2 0 7 0 0 0 0 0 |
| 13. | 
9 5 5 6 1 2 0 0 9 4 2 0 0 0 0 0 0 |
| 14. | 
9 5 5 6 1 2 0 0 9 3 7 1 0 0 0 0 0 |

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

15.	 9 5 5 6 1 2 0 0 9 3 7 0 0 0 0 0 0
16.	 9 5 5 6 1 2 0 0 9 3 6 5 0 0 0 0 0
17.	 9 5 5 6 1 2 0 0 9 3 0 6 0 0 0 0 0
18.	 9 5 5 6 1 2 0 0 9 2 1 1 5 9 0 0 0
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